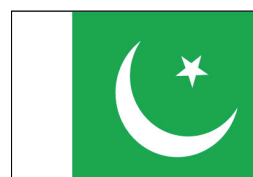


# PAKISTAN



## 2016 IHP+ MONITORING ROUND National performance review

### HOW TO READ THE COUNTRY PROFILE

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (7 DPs out of 16 participated), civil society organisations (9 CSOs participated) and private sector representatives (3 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). When relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please visit [www.internationalhealthpartnership.org/pakistan](http://www.internationalhealthpartnership.org/pakistan).



### NATIONAL HEALTH EXPENDITURE

Total health expenditure per capita

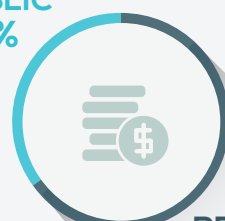
**\$36.15**

Sources of national health expenditure

DOMESTIC  
92%



PUBLIC  
35%



8%  
EXTERNAL

65%  
PRIVATE

Source: WHO, National Health Accounts 2014

## COMMITMENT

TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY



### PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

#### Alignment of support against the Health Sector Strategy



100% of participating DPs confirm they align their support with the national (or sub-national /sector) Health Sector Strategy.

Was the national health sector plan jointly assessed?



DPs

83%



CSOs



PS



Stakeholders that supported the joint assessment

Health is devolved to provinces with provincial health sector plans. These plans have never been jointly assessed though sub-programme areas especially the ones funded by external aid.

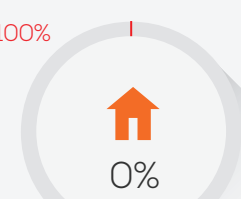


### MUTUAL ACCOUNTABILITY IS STRENGTHENED

A national M&E plan for the National Health Strategy exists?

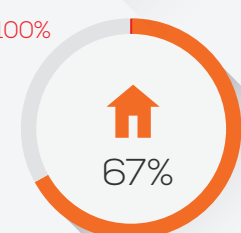


Target 100%



0% of participating DPs only use national health sector indicators to monitor their support.

Target 100%



67% of participating DPs confirm they participated in the mutual accountability processes

M&E plans are part of provincial health sector strategies. DPs use their own M&E systems. MA processes include JARs and donor coordination for sub-programmes of health sector.

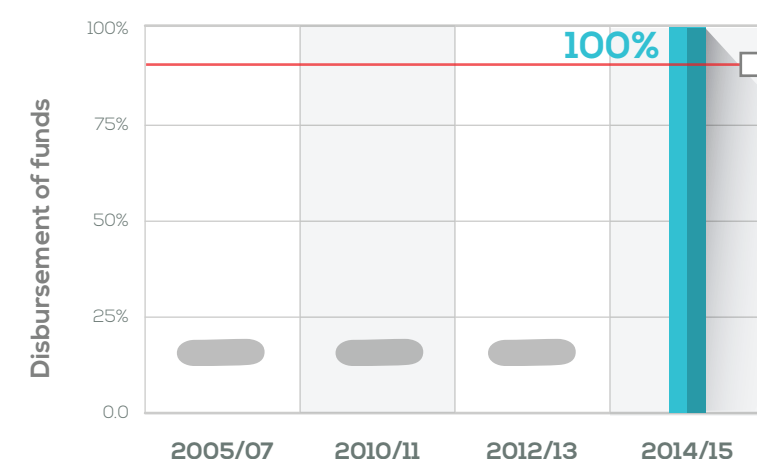
## COMMITMENT

TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR

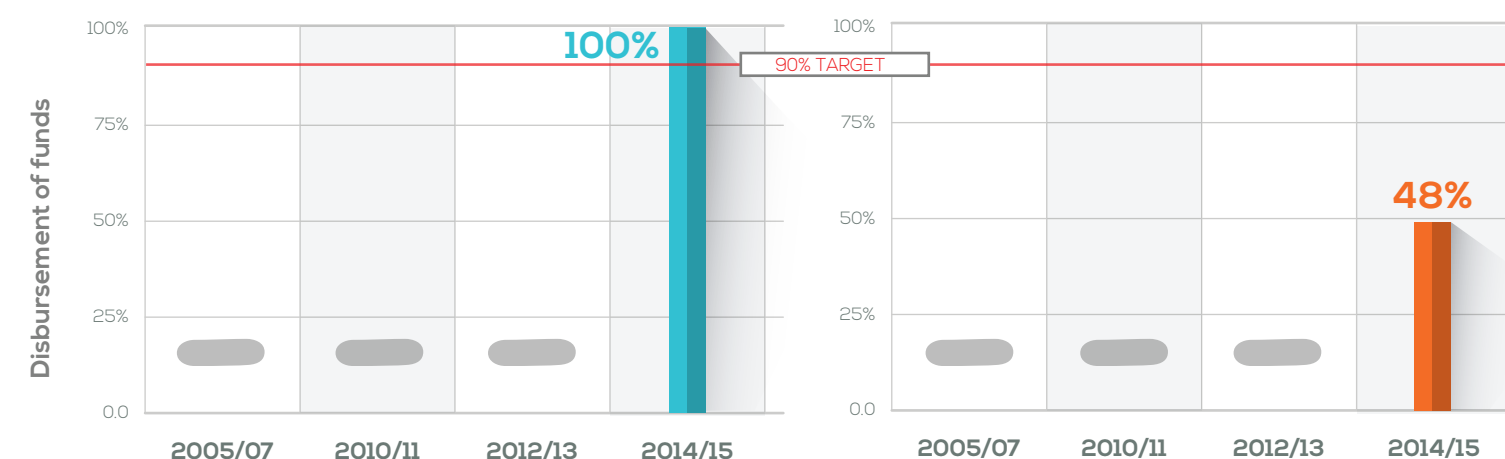


### HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE

Government funds disbursed according to agreed schedules



DP funds disbursed to the government according to agreed schedules



#### Predictability of funds for the future

Rolling 3 year budget or Mid-Term Expenditure Framework in place:

2005/07 2010/11 2012/13 2014/2015



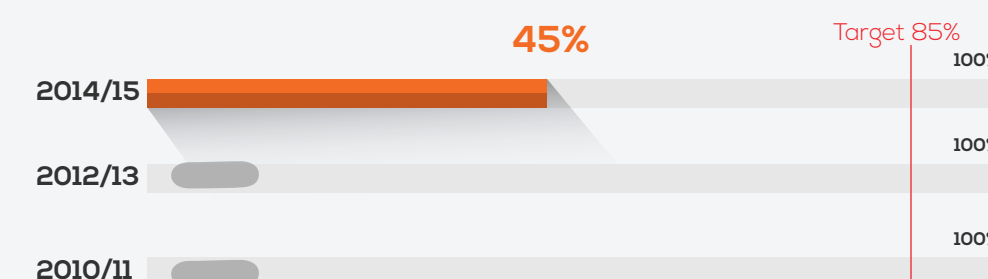
57% of participating DPs have communicated their planned resources for the next 3 years to the MoH.

Both the Federal Gov and Punjab Gov had a 100% disbursement of funds.



### HEALTH AID IS ON BUDGET

% of DP funds reported on budget



Enhancing the capacity of government to absorb development cooperation can improve timely implementation.

### LEGEND

Data colour codes



Government



Private Sector



Development Partners



Civil Society

Symbols



Yes



Did not participate in monitoring round



No



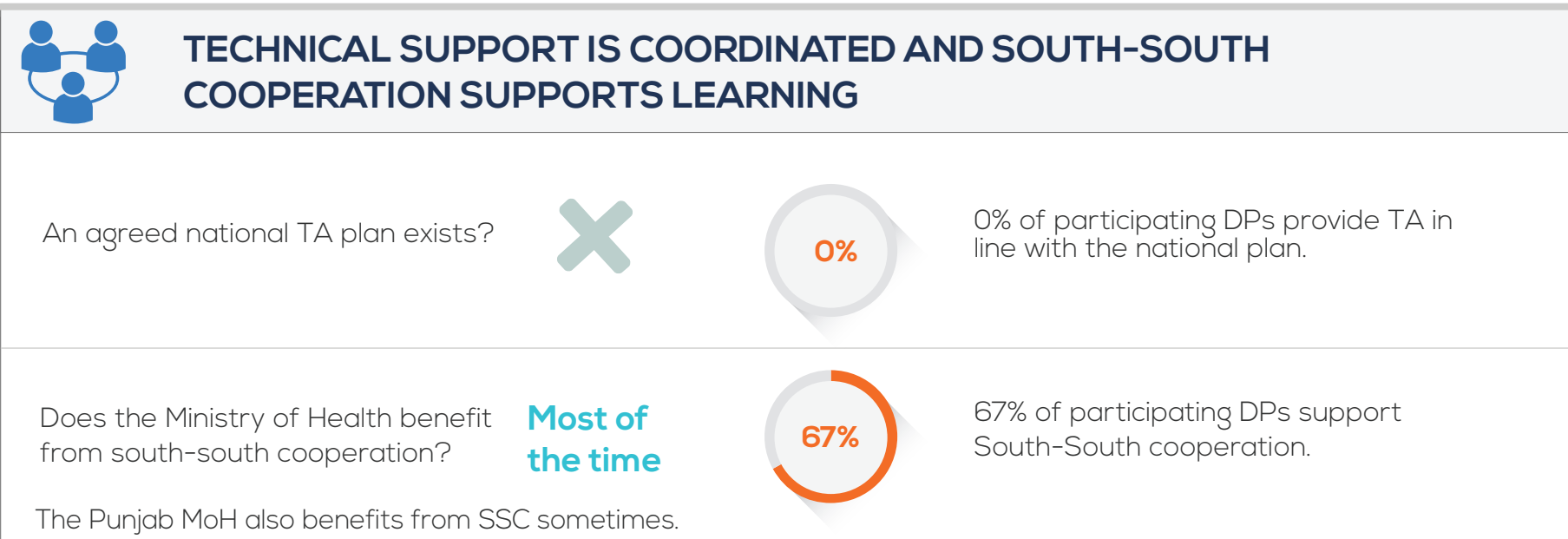
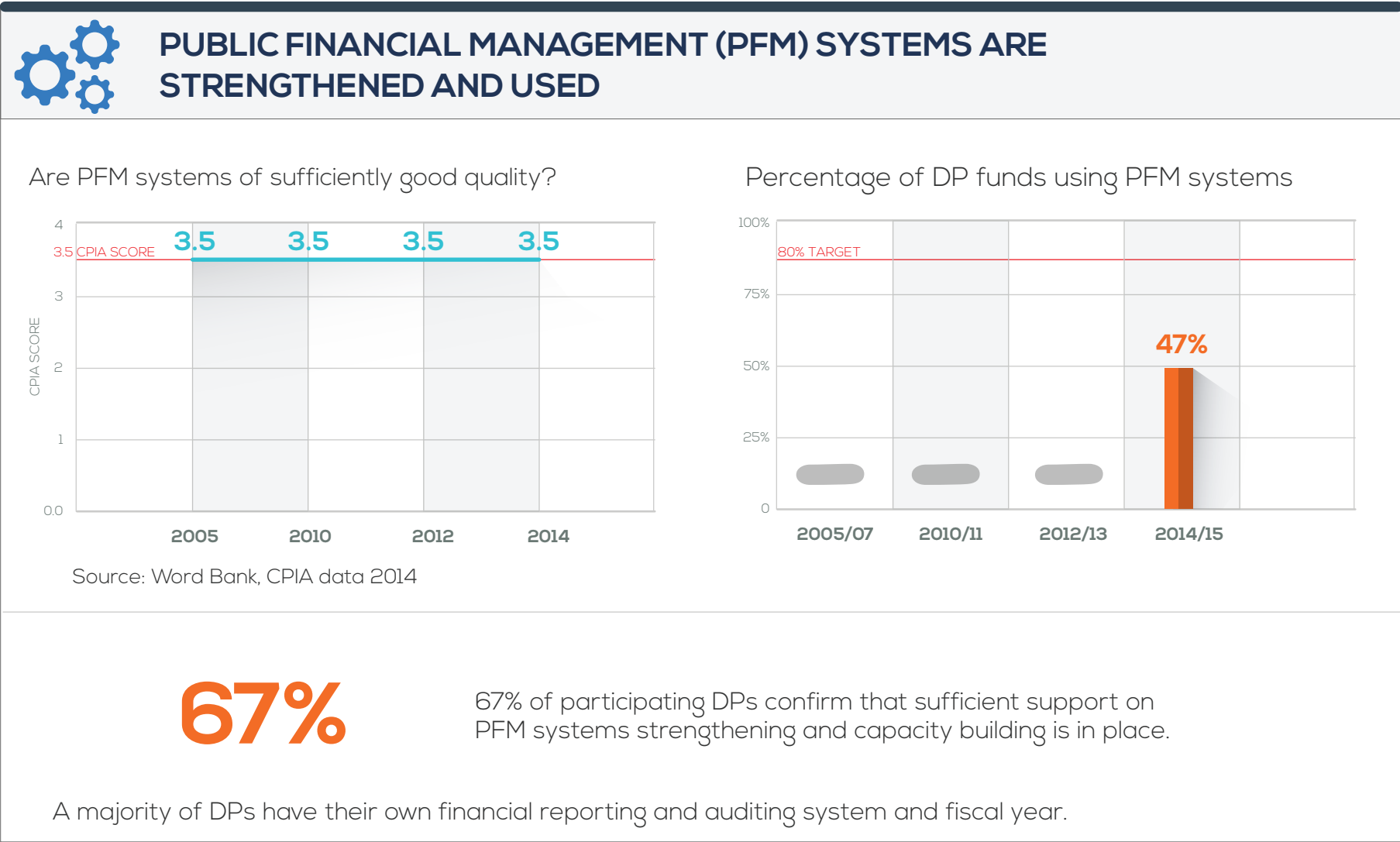
Unknown or not applicable

2016 IHP+ MONITORING ROUND

ihp results

# COMMITMENT

TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS



# COMMITMENT

TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR

